PATENT APPLICATION

E DETERMINATION RECORD

Effective December 8, 2004

| | pplication or Docket Number | • |
|----|-----------------------------|---|
| 1/ | 0/527/6/1 | |

| TOTAL CHARGEABLE CLAIMS Minus 20 | L | | <u> </u> | | | -,, | | | | | 1)0 | X'/ <i>InW</i> | () |
|--|----------------------------------|--|--------------------|--|-----------------|--------------|-----------------|------------|--------------------|--------------|------------|---------------------|------------|
| U.S. NATIONAL STAGE FEES BASIC FEE EXAMINATION FEE Satisfies PCT Article 33(1) All other situations = (4) = \$50 / \$100 / \$200 SEARCH FEE U.S. ISLAY = \$50 / \$100 SEARCH FEE U.S. ISLAY = \$100 / \$100 | | | | | | | | | TITY | OR | | • | |
| BASIC FEE | U.S. NATIONAL STAGE FEES | | | (Colui) | in i) | | |]. · | PATE | T | 7 | | 1. |
| EXAMINATION FEE | ВА | SIC FEE | | SMALL ENT | Γ = \$ 150 | LAR | GF ENT = \$ 300 | 1 | | ree . | ┨ | | FEE |
| (4) = \$50/\$100 \$100/\$200 \$100/\$200 \$200/\$300 \$200/\$300 \$200/\$300 \$200/\$300 \$200/\$300 \$250/\$500 | | | | | | | | | · | | OR | BASIC FEE | |
| SEARCH FEE | DOMINATION FEE | | | (4) = \$50/\$100 U.S. is ISA = \$50/\$100 | | | \$ 100 / \$ 200 | | EXAM. FEE | <u> </u> | | EXAM. FEE | ZUZ |
| TOTAL CHARGEABLE CLAIMS Minus 20 | SEARCH FEE | | | ALL other countries = All C | | | | | SEARCH FEE | | . | SEARCH FEE | 1417 |
| NDEPENDENT CLAIMS | FEE FOR EXTRA SPEC. PGS. | | | minus 100 = | | | / 50 = | | X \$ 125 = | | 1 | X \$ 250 = | |
| MULTIPLE DEPENDENT CLAIM PRESENT If the difference in column 1 is less than zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) Total Total Minus *** FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM Total * CLAIMS REMAINING AFTER AMENDMENT PAID FOR (Column 2) (Column 3) (Column 3) RATE PRESENT EXTRA PRESENT EXTRA PRESENT EXTRA PRESENT EXTRA PRESENT FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM Total * Minus *** " " " " " " " " " " " | TOTAL CHARGEABLE CLAIMS | | | minus 20 = * - | | | | | X \$ 25 = | | OR | X \$ 50 = | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 **CLAIMS AS AMENDED - PART II (Column 1) | INDEPENDENT CLAIMS | | | minus 3 = | | | | | X \$ 100 = | | OR | X \$ 200 = | - |
| CLAIMS AS AMENDED - PART II | MULTIPLE DEPENDENT CLAIM PRESENT | | | | | . 0 | | + \$ 180 = | | OR | + \$ 360 = | | |
| Column 1) | * If | * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | TOTAL | | OR | TOTAL | 900 |
| RATE | | · · · · · · · · · · · · · · · · · · · | (Column 1) | | (Colum | nn 2) EST | | ſ | SMALL E | | OR | | NTITY |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | AFTER | | PREVIO | USLY | | L | RATE | TIONAL | | RATE | TIONAL |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | Total | * | Minus | ** . | | = | | X \$ 25 = | | OŖ | X \$ 50 = | |
| Column 1) | | Independent | <u> </u> | Minus | *** | | = | | X \$ 100 = | | OR | X \$ 200 = | |
| Column 1) | | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| REMAINING AFTER AMENDMENT NUMBER PREVIOUSLY PAID FOR PRESENT TIONAL FEE PRESENTATION OF MULTIPLE DEPENDENT CLAIM RATE TIONAL FEE PRESENTATION OF MULTIPLE DEPENDENT CLAIM PAID TOTAL ADDIT. ADDITIONAL FEE PRESENT TIONAL FEE PRESEN | | | | | | | | ٦ | | | OR | | |
| REMAINING AFTER AMENDMENT RATE RATE TIONAL FEE Total * Minus *** = X\$ 25 = OR X\$ 50 = INTERPRETATION OF MULTIPLE DEPENDENT CLAIM RATE TIONAL FEE X\$ 25 = OR X\$ 200 = INTERPRETATION OF MULTIPLE DEPENDENT CLAIM TOTAL ADDIT. OR TOTAL ADDIT. | · | | | | | | (Column 3) | | | , | · | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | ENDMENT | | REMAINING AFTER | | NUMB PREVIOU | ER USLY | | | RATE | TIONAL | | RATE | TIONAL |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | Total | * | Minus | ** | | = | Γ | X \$ 25 = | | OR | X \$ 50 = | |
| TOTAL ADDIT. OR TOTAL ADDIT. | | Independent | * | Minus | *** | • | = | | X \$ 100 = | | OR | X \$ 200 = | |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | T | + \$.180 = | | OR | + \$ 360 = | |
| | | | | | | | | Ţ | OTAL ADDIT. FEE | | OR L | TOTAL ADDIT. FEE | |

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

^{**} If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

^{***} If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.